

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-047479

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

163

Primary Registration District No.

3431

Registrar's No.

78

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

b505

b280

3

4 0

5 2

6

7 0

8 2

9 4500

10

11

12 10-0

13 3-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED DEC 26 1962

1. PLACE OF DEATH

a. COUNTY

JEFFERSON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

De Soto

Length of stay in lb
4 Monthsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

At Home of B.E. Davis

Inside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Crawford

c. CITY
OR TOWN

Cuba

Inside Limits
Yes ☒ No ☐d. STREET
ADDRESS

618 No. Forest St.

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
LYDVER CLEVELAND TAYLOR4. DATE
OF DEATHMonth Day Year
DECEMBER 18, 1962

5. SEX

MALE

6. COLOR OR RACE
White7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

Mar. 29, 1885

9. AGE (last birthday)

77

IF UNDER 1 YEAR
Months Days Hours Min.

8 19

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Carpenter

10b. KIND OF BUSINESS OR INDUSTRY

Building

11. BIRTHPLACE (City and state or country)

Crawford Co., Mo.

12. CITIZEN OF WHAT COUNTRY

USA.

13a. FATHER'S NAME

Miles Aousen Taylor

13b. MOTHER'S MAIDEN NAME

Susan Hancock

14. NAME OF HUSBAND OR WIFE

Emma Christina Johnson, (decd)

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

B.F. Davis

Address

De Soto, Mo

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pneumonia lobor

INTERVAL BETWEEN
ONSET AND DEATH

5 days

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

21 Gen. arterio-sclerosis

years

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Dec 18, 62, to Dec 18, 62 and last saw him alive on Dec 18, 62
Death occurred at 8:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)
M.D.

22b. ADDRESS

De Soto, Mo.

22c. DATE SIGNED

Dec 18, 62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

12/20/1962

23c. NAME OF CEMETERY OR CREMATORY

KINDER CEMETERY

23d. LOCATION (City, town, or county)

Cuba

(State)

Mo.

24. FUNERAL DIRECTOR

B.F. Davis

ADDRESS

Cuba, Mo.

25. DATE RECD. BY LOCAL REG.

Dec 19-1962

26. REGISTRAR'S SIGNATURE

Marie Harris

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

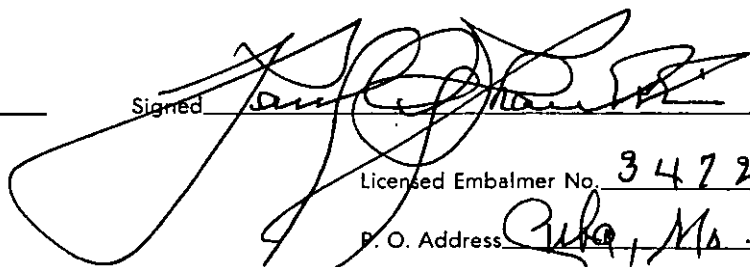
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

Permit Passed 12-19-62. M. H.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed  _____
Licensed Embalmer No. 3472
P. O. Address Cuba, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

Mrs. H. Farris